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|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                          |                                                   |                                  |                                       |           |                                                         |   |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|---------------------------------------------------|----------------------------------|---------------------------------------|-----------|---------------------------------------------------------|---|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875 |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                          | Application or Docket Number<br><b>10/593,136</b> | Filing Date<br><b>08/30/2007</b> | <input type="checkbox"/> To be Mailed |           |                                                         |   |
| <b>APPLICATION AS FILED – PART I</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                          |                                                   |                                  |                                       |           |                                                         |   |
| (Column 1) (Column 2)                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | SMALL ENTITY <input type="checkbox"/> OR |                                                   | OTHER THAN SMALL ENTITY          |                                       |           |                                                         |   |
| <input type="checkbox"/> <b>BASIC FEE</b><br>(37 CFR 1.16(a), (b), or (c))        | N/A                                                                                                                                                                                                                                                                                                                                                                                                               | N/A                              | RATE (\$)                                | FEE (\$)                                          | RATE (\$)                        | FEE (\$)                              |           |                                                         |   |
| <input type="checkbox"/> <b>SEARCH FEE</b><br>(37 CFR 1.16(k), (l), or (m))       | N/A                                                                                                                                                                                                                                                                                                                                                                                                               | N/A                              | N/A                                      | N/A                                               | N/A                              | N/A                                   |           |                                                         |   |
| <input type="checkbox"/> <b>EXAMINATION FEE</b><br>(37 CFR 1.16(o), (p), or (q))  | N/A                                                                                                                                                                                                                                                                                                                                                                                                               | N/A                              | N/A                                      | N/A                                               | N/A                              | N/A                                   |           |                                                         |   |
| <b>TOTAL CLAIMS</b><br>(37 CFR 1.16(i))                                           | minus 20 =                                                                                                                                                                                                                                                                                                                                                                                                        | *                                | X \$ =                                   | X \$ =                                            | OR                               | X \$ =                                |           |                                                         |   |
| <b>INDEPENDENT CLAIMS</b><br>(37 CFR 1.16(h))                                     | minus 3 =                                                                                                                                                                                                                                                                                                                                                                                                         | *                                | X \$ =                                   | X \$ =                                            |                                  |                                       |           |                                                         |   |
| <input type="checkbox"/> <b>APPLICATION SIZE FEE</b><br>(37 CFR 1.16(s))          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).                                                                                                                                                                                     |                                  |                                          | TOTAL                                             | TOTAL                            |                                       |           |                                                         |   |
| <input type="checkbox"/> <b>MULTIPLE DEPENDENT CLAIM PRESENT</b> (37 CFR 1.16(j)) |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                          |                                                   |                                  |                                       |           |                                                         |   |
| * If the difference in column 1 is less than zero, enter "0" in column 2.         |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                          |                                                   |                                  |                                       |           |                                                         |   |
| <b>APPLICATION AS AMENDED – PART II</b>                                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                          |                                                   |                                  |                                       |           |                                                         |   |
| (Column 1) (Column 2) (Column 3)                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | SMALL ENTITY OR                          |                                                   | OTHER THAN SMALL ENTITY          |                                       |           |                                                         |   |
| <b>AMENDMENT</b>                                                                  | <b>03/05/2009</b>                                                                                                                                                                                                                                                                                                                                                                                                 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR       | PRESENT EXTRA                                     | RATE (\$)                        | ADDITIONAL FEE (\$)                   | RATE (\$) | ADDITIONAL FEE (\$)                                     |   |
|                                                                                   | Total (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                            | * 21                             | Minus                                    | ** 60                                             | = 0                              | X \$ =                                | OR        | X \$ 52=                                                | 0 |
|                                                                                   | Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                      | * 1                              | Minus                                    | ***3                                              | = 0                              | X \$ =                                | OR        | X \$ 220=                                               | 0 |
|                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                    |                                  |                                          |                                                   |                                  | TOTAL ADD'L FEE                       | OR        | TOTAL ADD'L FEE                                         | 0 |
|                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                          |                                  |                                          |                                                   |                                  | TOTAL ADD'L FEE                       | OR        | TOTAL ADD'L FEE                                         | 0 |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                          |                                                   |                                  |                                       |           |                                                         |   |
|                                                                                   | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                          | SMALL ENTITY OR                                   |                                  | OTHER THAN SMALL ENTITY               |           |                                                         |   |
| <b>AMENDMENT</b>                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR       | PRESENT EXTRA                                     | RATE (\$)                        | ADDITIONAL FEE (\$)                   | RATE (\$) | ADDITIONAL FEE (\$)                                     |   |
|                                                                                   | Total (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                            | *                                | Minus                                    | **                                                | =                                | X \$ =                                | OR        | X \$ =                                                  |   |
|                                                                                   | Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                      | *                                | Minus                                    | ***                                               | =                                | X \$ =                                | OR        | X \$ =                                                  |   |
|                                                                                   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                    |                                  |                                          |                                                   |                                  | TOTAL ADD'L FEE                       | OR        | TOTAL ADD'L FEE                                         |   |
|                                                                                   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                          |                                  |                                          |                                                   |                                  | TOTAL ADD'L FEE                       | OR        | TOTAL ADD'L FEE                                         |   |
|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                          |                                                   |                                  |                                       |           |                                                         |   |
|                                                                                   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                  |                                          |                                                   |                                  |                                       |           | Legal Instrument Examiner:<br><b>/YOLANDA CHADWICK/</b> |   |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.